

## IN THE UNITED STATE PATENT AND TRADEMARK OFFICE

16

B376	

<b>TRANSMIT</b>	TAL
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/664,462			
Filing Date	September 18, 2000			
First Named Inventor	Paul R. Mathewson			
Group Art Unit	3761			
Examiner Name	Kim M. Lewis			
Attorney Docket No.	0313.MATH.CN1			

	ENCLOSURES (check all that apply)		· ·			
Amendment  After Final  Affidavits/declaration(s)  Appeal Communication:  Appeal Notice  Appeal Brief  Reply Brief  Assignment with Cover Sheet	□ Extension of Time Requestmonth       □ Maintenance Fee Transmittalyear         □ Fee Calculation Table       □ Missing Parts Response         □ Information Disclosure Statement □ Form 1449       □ Notification of Change of Attorney Address & Docket Number         □ Copies of IDS References       □ Return Postcard         □ Issue Fee Transmittal & Advance Order       □ Status Inquiry         □ Other:					
□ Certified Copy of Priority     □ Document(s)      □ Check in the amount of \$ 43.00      □ Credit card authorization in the amount of \$      □ Declaration & Power of Attorney      □ Drawings sheets     □ Formal □ Informal	Remarks	ı	RECEIVED MAR 0 2 2004 OLOGY CENTER R3700			
SIGN	ATURE OF APPLICANT, ATTORNEY OR A	GENT				
Attorney for Applicant  Julie K. Morriss, Registration No. 33,263 Morriss O'Bryant Compagni, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile						
Signature Auu C M	Date	2-20-04				
CERTIFICATE OF MAILING UNDER 37 CFR § 1.8						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addresses to Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450						
Typed or Printed Name Julie	K. Morriss					
Signature Silly KY	Nunis	Date	2-20-04			

Charge fee(s) ind	icated belo	ow, except the filing fee to the a						l l	
.*	FI	EE CALCULATION	bove-identified	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
BASIC FILING FEE	 E			1251	110	2251	55	Extension for reply within first month	
* 1.	all Entity			1252	420	2252	210	Extension for reply within second month	
e Fee Fee	Fee	Fee Description	Fee Paid	1253	950	2253	475	Extension for reply within third month	a a presentation
ode 🌣 (\$) Code		<del></del>	1661414	1254	1,480	2254	740	Extension for reply within fourth month	
01 770 2001	385	Utility filing fee		1255	2,010	2255	1,005	Extension for reply within fifth month	
02 340 2002	170	Design filing fee		1401	330	2401	165	Notice of Appeal	
03 530 2003	265	Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
04 770 2004	385	Reissue filing fee		1403	290	2403	145	Request for oral hearing	
05 160 2005	80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
I		ſ		1452	110	2452	55	Petition to revive <u>-unavoidable</u>	
		SUBTOTAL (1)	(\$) 0	1453	1,330	2453	665	Petition to revive under tion [ ]	
EXTRA CLAIM FEE	S FOR UTI	ILITY AND REISSUE		1501	1,330	2501	665	Utility issue fee (or reissue)	
		Extra Fee from	Fee Paid	1502	480	2502	240	Design issue fee MAR 0 2 2004	
		Claims below	100 1010	1503	640	2503	320	Plant issue fee	
tal Claims 21	-21	0 X 9.00 <u>:</u>	.00	1460	130	1460	130	Plant issue fee TECHNOLOGY CENTER R3700 Petitions to the Commissioner CENTER R3700	0
dependent 6	-5	1 X 43.00 <u>-</u>	43.00	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	1,0417
ultiple Dependent				1806	180	1806	180	Submission of Information Disclosure Stmt	
arge Entity Smo	all Entity			8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
ee Fee Fee ode (\$) Code	Fee (\$)	Fee Description		1809	770	2809	385	Filing a submission after final rejection (37 CFR §1.129(a))	e i propio policiti di si
02 18 2202	? 9	Claims in excess of 20		1810	770	2810	385	For each additional invention to be	و ( معدية ( له
01 86 2201	43	Independent claims in excess of 3		10,0	,,,	****	000		na ant states
03 290 2203	145	Multiple dependent claim, if not p	aid	1801	770	2801	385	Request for Continued Examination (RCE)	
04 86 2204	43	**Reissue independent claims over	r original	1802	900	1802	900	Request for expedited examination of a	
05 18 2205	5 9	**Reissue claims in excess of 20 ar original patent	nd over					design application	14.
I I		ľ		Other	fee (specify	r)			
		SUBTOTAL (2)	(\$) 43.00		*Reduced b	y Basic Fi	ling Fee Pa	id SUBTOTAL (3) (\$) 0	
						-			

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Signature	Lulei a Munis			Date	2-20-04

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